

**PLEASE SIGN AND RETURN THE  
ATTACHED PAGES TO ACKNOWLEDGE  
RECEIPT OF THESE POLICIES AND/OR  
DOCUMENTS.**

**THEY WILL BE INTRODUCED AT  
ORIENTATION.**

**THANK YOU**

## CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of this policy summary of Policy 1.05, Alcohol and Other Drugs. **Your signature is intended only to acknowledge receipt, it does not imply agreement or disagreement** with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

**Employee's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ATTACHMENT A

### Use of Electronic Communications and Social Media

#### *CERTIFICATE OF RECEIPT*

I have been given a copy of Department of Human Resource Management Policy 1.75, "Use of Electronic Communications and Social Media" and I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the agency/institution Human Resource Officer for clarification.

I understand that no user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth's equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user's permission.

In addition, except for exemptions under the Act, electronic records may be subject to the [Freedom of Information Act](#) (FOIA) and, therefore, available for public distribution.

If I refuse to sign this certificate of receipt, my supervisor will review this statement with me and will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

Employee's Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Department of Medical Assistance Services

## HUMAN RESOURCES DIVISION

### WORKPLACE VIOLENCE AND HARASSMENT POLICY

#### CERTIFICATE OF RECEIPT\*

I have been given a copy of the Department of Medical Assistance Service's Policy No.: 13, "Workplace Violence and Harassment." I understand that it my responsibility to read and abide by this policy.

If I have any questions about the policy, I understand that I need to ask my supervisor or the Division Director of Human Resources or his/her designee for clarification.

Employee's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* This signed certificate is placed in the employee's official state personnel file in the Human Resources Office.

## **HR POLICY 15.0—Code of Business Ethics and Conduct**

### **Certification and Acknowledgement**

I have received and read the DMAS Code of Business Ethics and Conduct Policy HR Policy 15.0 (Code). I understand that the Code applies to my employment and that following all laws, regulations, DMAS and DHRM policies, and the Code is a condition of my employment. If I have any matters to report under the Code, I will seek advice from my supervisor or Human Resources. Alternatively, I may call the Fraud, Waste and Abuse State Employee Hotline.

I realize that it is my responsibility to comply with the procedures and policies set forth in the Code. My signature reflects that I have received and read the Code of Business Ethics and Conduct, HR Policy 15.0.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date: \_\_\_\_\_

A Virginia state law which took effect July 1, 1993 is intended to assist the Division of Child Support Enforcement in collecting child support payments from absent parents.

This law requires employers to ask employees to disclose at the time of hire if he or she is under an income withholding order for child support.

Your response to this request will not be used for any purpose other than that stated above.

\_\_\_\_\_ Yes, I am currently under an income withholding order for child support.

\_\_\_\_\_ No, I am not currently under an income withholding order for child support.

\_\_\_\_\_  
EMPLOYEE NAME (PRINT)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

## **Using State Contract for Personal Use**

### **Certification and Acknowledgement**

I have received and read the DMAS Fiscal and Purchases notification regarding use of state contract for personal use. I understand this notification applies to my employment and that following all laws, regulations, DMAS policies, and the Code is a condition of my employment.

I realize that it is my responsibility to comply with the procedures and policies set forth in the notification. My signature reflects that I have received and read this notice.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date: \_\_\_\_\_



# COMMONWEALTH of VIRGINIA

## *Department of Human Resource Management*

101 N. 14<sup>TH</sup> STREET  
JAMES MONROE BUILDING, 12<sup>TH</sup> FLOOR  
RICHMOND, VIRGINIA 23219  
(804) 225-2131  
(TTY) 711

Dear Employee:

This *Employee Handbook* has been designed to serve as a quick reference for many issues relating to your employment with the Commonwealth of Virginia. **It is not a contract, nor is it an invitation to contract.**

In order to remain current, the *Handbook* treats most topics briefly and provides links to the Department of Human Resource Management's *Policies and Procedures Manual* and other sources of information. This *Manual* is updated as official policies change. The *Policies and Procedures Manual* is the authority in case of a disparity between the *Manual* and the *Employee Handbook*.

It is important for you to be familiar with the information in this *Handbook*. Please review it carefully. If you need to refer to the *Handbook* in the future, remember that the most recent version will be available on the DHRM Web site, where the links can also be used. In addition, your agency Human Resources office can provide assistance with questions relating to your employment.

Please sign below to indicate that you have seen and read this *Handbook*, and give the signed page to your agency Human Resource office. This page will be kept in your file.

We hope you will enjoy a rewarding career with the Commonwealth.

Department of Human Resource Management

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_